

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
REPORT ON CHILD'S PLACEMENT STATUS

TO:

FROM:

SECTION I – IDENTIFYING INFORMATION	
Child's Name:	Birthdate:
Mother's Name:	Father's Name:
SECTION II – PLACEMENT STATUS	
<input type="checkbox"/> Initial Placement of Child in Receiving State Date Child Placed in Receiving State:	
<div style="border: 1px solid black; padding: 2px;">Name of Resource:</div>	
<div style="border: 1px solid black; padding: 2px;">Address:</div>	
<div style="border: 1px solid black; padding: 2px;">Type of Care:</div>	
<input type="checkbox"/> Placement Change Effective Date of Change:	
<div style="border: 1px solid black; padding: 2px;">Name of Resource:</div>	
<div style="border: 1px solid black; padding: 2px;">Address:</div>	
<div style="border: 1px solid black; padding: 2px;">Type of Care:</div>	
SECTION III – COMPACT PLACEMENT TERMINATION	
<input type="checkbox"/> Adoption Finalized <input type="checkbox"/> In Sending State <input type="checkbox"/> In Receiving State <input type="checkbox"/> Court Order Attached	
<input type="checkbox"/> Child Reached Majority/Legally Emancipated	
<input type="checkbox"/> Legal Custody Returned to Parent(s) <input type="checkbox"/> Court Order Attached	
<input type="checkbox"/> Legal Custody Given to Relative <input type="checkbox"/> Court Order Attached	
<div style="display: flex; justify-content: space-between;"> Name: Relationship: </div>	
<input type="checkbox"/> Treatment Completed	
<input type="checkbox"/> Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State	
<input type="checkbox"/> Unilateral Termination	
<input type="checkbox"/> Child Returned to Sending State	
<input type="checkbox"/> Child Has Moved to Another State	
<input type="checkbox"/> Proposed Placement Request Withdrawn	
<div style="border: 1px solid black; padding: 2px;">Name of Placement Resource:</div>	
<input type="checkbox"/> Approved Resource Will Not Be Used for Placement	
<div style="border: 1px solid black; padding: 2px;">Name of Approved Placement:</div>	
<input type="checkbox"/> Other (Specify):	
<u>Date of Termination:</u>	
SECTION IV – SIGNATURES	
Person/Agency Supplying Information:	Date:
Compact Administrator, Deputy or Alternate:	Date:

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- Sending Agency retains a (1) copy and forwards completed original plus three (3) copies to:
- Sending Compact Administrator, DCA, or alternate retains one (1) copy and forwards two (2) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate retains one (1) copy and forwards one (1) copy to the receiving agency